

University Hospitals
Geauga Medical Center

MEMORANDUM

Date: October 20, 2014

Subject: Performance Improvement Plan

To: Frank Dundee (1134745)

Action Required: Review & Sign

From: Rachael Lerman

Cc: Department Head - HR,
Personnel File

Check one of the following:

☒ Initial PIP ☐ 30 day follow-up ☐ 60 day follow-up ☐ 90 day follow up ☐ Final

It is my expectation and goal for all the Pharmacy employees to meet and successfully achieve their annual goals. All pharmacy employees are required to participate in a midpoint evaluation. This allows the employee time to improve his/her performance prior to the next annual evaluation.

The following Performance Improvement Plan was prepared based on previous discussions about completing assigned duties during all shifts to ensure continuity of patient care and to leave minimal work for following shifts. We will meet on a monthly basis to monitor the completion of the duties below:

Issue: Check EMS boxes and code trays during your shift

Month	Number of EMS Boxes Checked	Number Checked by F. Dundee
July 2014	75	0
August 2014	75	0
September 2014	89	0
October 2014, through 10/13	51	1

Month	Number of Code Trays Checked	Number Checked by F. Dundee
July 2014	5	0
August 2014	11	0
September 2014	14	0
October 2014, through 10/10	3	0

Expectation for improvement: You will check a minimum of 10 EMS boxes and/or code trays per month and document them on the appropriate log sheets. It is your responsibility to ask for any re-training on these duties, should you believe you need additional training.

Timeframe for improvement: Immediate, with demonstrated consistency of meeting these guidelines. I will follow up with you in the next month and monthly thereafter on this specific item with feedback on your performance.

This plan is meant to assist you with being successful as a University Hospitals employee. I am available to offer any assistance to you to be successful. At the same time, I expect that you be able to demonstrate your ability to comply with these directives.

EXHIBIT
1-H

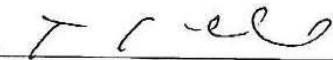
Finally, I will provide you with on-going feedback on your performance relative to the performance issues indicated above. This feedback will be provided face-to-face, and documented so that we continue with clear communications on University Hospitals expectations for you and your job. Therefore, the following is the schedule of our follow-up meetings:

- First follow-up meeting: the period between 11/12-11/18
- Second follow-up meeting: the period between 12/24-12/30
- Third follow-up meeting : the period between 1/21/2015 – 1/27/2015 (or following week)

Please note that this Performance Improvement Plan does not guarantee you another 60 (or 90) days of employment – it is not intended to change the at-will nature of your employment. This Performance Improvement Plan is intended to allow you a reasonable amount of time to correct the performance issues noted in this document and the attached performance review.

Any additional performance issues will be dealt with according to University Hospitals Corrective Action Policy, and will result in additional Corrective Action, up to and including termination.

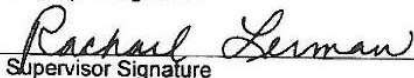
Employee Acknowledgement and Receipt of this Document:



Employee Signature

10.20.14

Date



Supervisor Signature

10/20/14

Date